FORM D

SÈCURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

9 2007

RECEIVED

FORM D

OTICE OF SALE OF SECURITIES IRSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL	
OMB Number: 3235-0076	
07049834	
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Sale of Series A Preferred Stock	·
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	1
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Enterprise Vista Systems, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
92 Hayden Avenue, Lexington, MA 02421	508-641-6570
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Software development and sales.	
Type of Business Organization Corporation limited partnership, already formed other (p	PROCESSED APR 1 3 2007
Month Year Actual or Estimated Date of Incorporation or Organization: 0 7 0 5 Actual Estir Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

SEC 1972 (6-02)

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not

required to respond unless the form displays a currently valid OMB control number.

1 of 9

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2. Enter the information re	quested for the foll	owing:					ı		
 Each promoter of t 	he issuer, if the iss	uer has bec	n organized w	ithin t	he past five years;				
 Each beneficial ow 	ner having the powe	r to vote or	dispose, or dir	ect the	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
• Each executive off	icer and director of	corporate	issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
 Each general and n 	nanaging partner of	partnershi	p issuers.						
Check Box(es) that Apply:	✓ Promoter	☑ Bene	ficial Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Anthos, Pano	f individual)					•			
Business or Residence Addre 92 Hayden Avenue, Lexi	•		, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter	Z Bene	ficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						1		
Business or Residence Addre	ss (Number and	Street, City	, State, Zip Co	ode)		•	i		
92 Hayden Avenue, Lexin	igton, MA 02421								
Check Box(es) that Apply:	Promoter	☐ Bene	ficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i Davis, Robert	f individual)						•		
Business or Residence Addre	ss (Number and	Street, City	, State, Zip Co	ode)					
92 Hayden Avenue, Lexir	ngton, MA 02421		•						
Check Box(es) that Apply:	Promoter	☐ Bene	ficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)				· · · · · · · ·			-	
Hooper, Marcia									
Business or Residence Addre	ss (Number and	Street, City	, State, Zip Co	ode)					, m m · · · · · · · · · · · · · · · · ·
92 Hayden Avenue, Lexi	ington, MA 0242	1 .							
Check Box(es) that Apply:	Promoter	✓ Bene	ficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Highland Capital Partner		rtnership	,			·			
Business or Residence Addre	ess (Number and	Street, City	, State, Zip Co	ode)					
92 Hayden Avenue, Lexi	ington, MA 0242	1							
Check Box(es) that Apply:	Promoter	☑ Bene	eficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Highland Capital Partne		Partnershi	p						
Business or Residence Addre 92 Hayden Avenue, Lex			, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	☑ Ben	eficial Owner		Executive Officer		Director .		General and/or Managing Partner
Full Name (Last name first, Highland Capital Partne		Partnersh	ip				,		
Business or Residence Address 92 Hayden Avenue, Lexi	•		y, State, Zip C	ode)					

					B in	FORMATI	ON/ABOU	I OFFERI	YGINA				
1.	Hac the	scuer cold	or does th	e iccuer in	itend to sel	li, to non-ac	eredited in	vestors in	this offeri	ne?		Yes	No ⊠
٠.	·	33001 3010	, 01 0003 111			Appendix,						L-ď	
2.	What is	the minim	um investm			pted from a						\$	748.58
												Yes	No
3.						le unit?					irectly, any	K	
4.	commiss If a perso or states	ion or simi on to be list list the na	lar remuner ted is an ass me of the b	ration for s ociated per roker or de	olicitation rson or age aler. If mo	of purchase	ers in conne er or deale e (5) person	ction with rregistered is to be liste	sales of sec I with the S ed are asso	urities in tl EC and/or			
Ful N/	•	ast name i	first, if indi	vidual)									
		Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)			i			
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Sta	tes in Wh	ch Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers	<u> </u>		<u>. </u>			
	(Check '	'All States	" or check	individual	States)	•••••	••••••		•••••	•••••••		☐ All	States
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Ful N/	-	ast name	first, if indi	vidual)									
		Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)				 .		
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Nai	me of Ass	ociated Br	oker or Dea	aler					,				
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers		· .				
	(Check '	'All States	" or check	individual	States)	••••••	***************************************	***************************************		***************************************		☐ Al	l States
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Bu	siness or	Residence	Address (N	Number an	d Street, C	City, State, 2	Zip Code)						
Na	me of Ass	ociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	'All States	" or check	individual	States)		******	·				☐ Al	l States
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	IL	[IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM ÜT	NY) VT	NC VA	ND WA	OH WV	OK WI	OR WY	PR

Enter the aggregate offering price of securities included in this offering and the total amount already

••	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box and indicate in the columns below the amounts of the securities offered for exchange ar already exchanged.	ek ad	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s 0.00	\$ 0.00
	Equity	s 1,149,998.94	s 1,149,998.94
	Common Preferred		0.00
	Convertible Securities (including warrants)		\$ \$_0.00
	Partnership Interests		s 0.00
	Other (Specify)	\$ 0.00	·
	Total	\$	\$ 1,145,550.54
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicathe number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	te	Aggregate Dollar Amount of Purchases
	Accredited Investors	6	\$ 1,149,998.94
	Non-accredited Investors	0	\$ 0.00
	Total (for filings under Rule 504 only)	N/A	\$ N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securiti sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	he	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$_N/A
	Regulation A		\$ N/A
	Rule 504	<u>N/A</u>	s N/A
	Total	<u>N/A</u> .	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	er.	
	Transfer Agent's Fees		
	Printing and Engraving Costs		
	Legal Fees		\$_53,000.00
	Accounting Fees		- 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)		• 0.00
	Total		50.000.00

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	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."		s ·	\$1,096,998.94
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ly purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gros	di İ	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	-,	\$ 0.00	\$ 0.00
	Purchase of real estate		<u>\$ 0.00</u>	\$ 0.00
	Purchase, rental or leasing and installation of made and equipment	chinery	\$ <u>0.00</u>	s_0.00
	Construction or leasing of plant buildings and fac	silities	\$ 0.00	s 0.00
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	lue of securities involved in this ets or securities of another	\$ _0.00	\$_0.00
	Repayment of indebtedness		. □\$ <u>0.00</u>	\$ 0.00
	Working capital			<u> 7</u> \$ 1,096,998.94
	Other (specify):		<u>\$ 0.00</u>	s 0.00
			\$ _0.00	s
	Column Totals		\$_0.00	5 1,096,998.94
	Total Payments Listed (column totals added)			,096,998.94
麏		D FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	e undersigned duly authorized person. If this noti	ission, upon writte	ule 505, the following en request of its staff,
iss	uer (Print or Type)	Signature	Date 7/-	10-10-
Er	terprise Vista Systems, Inc.	PK	1 0/2	30/01
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	*	•
Pai	no Anthos	President, CEO and Treasurer		
		<u></u>		

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ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)